MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

03269

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in this community (yrs., mos., or days) 2 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(d) Street No. 1101 North Division St. (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Rosina Dennis Ake

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Franklin P. Ake

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 13, 1859

8. AGE: Years 79 | Months 10 | Days 22 | If less than one day — hr. — min.

9. Birthplace Princess Ann, Somerset, Md. (Town, county, and state)

10. Usual occupation none

11. Industry or business —

FATHER

12. Name Dr. George R. Dennis

13. Birthplace Princess Ann, Md.

MOTHER

14. Maiden Name Ellen Johnston

15. Birthplace Princess Ann, Md.

16 (a) Informant Donald Munson

(b) Address Stanford, Connecticut

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-7-39 (month) (day) (year)

(c) Cemetery or crematory St. Andrews

Location Princess Ann, Md.

18 (a) Funeral director The Hill & Johnson Co.

(b) Address E. Main St. at Davis

19 (a) March 6, 1939 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death March 5, 1939, at 5 40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/23 1939, to 3/5 1939, and that I last saw him alive on 3/5 1939.

Immediate cause of death Lobar Pneumonia — Duration 7 days

Due to

Due to

Other conditions Senility

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Clara T. Fischer, M.D. or other

Address Salisbury Md. Date signed 3/6, '39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03270

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (95C)

County Worcester — Registration Dist. No. 330

Village or City Mardela — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 70 yrs. ____ mos. ____ ds. How long in U.S. If of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Andrew B. Armstrong — If U. S. Veteran, specify WAR ____

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	White	Married

5a. If married, widowed, or divorced: HUSBAND of (or) WIFE of Ella M. Armstrong

6. DATE OF BIRTH (month, day, and year) Aug 21 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	77	7	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Contractor Home Builder

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME James B. Armstrong

14. BIRTHPLACE (city or town) (State or country) Pa

MOTHER

15. MAIDEN NAME Elizabeth J. Bounds

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Mrs Ella B. Armstrong (Address) Mardela

18. BURIAL, CREMATION, OR REMOVAL Place Mardela Date March 27, 1939

19. UNDERTAKER W. D. Travers & Bro (Address) Sharptown

20. FILED March 27, 1939 — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 25 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 2, 1939, to March 25, 1939.

I last saw him alive on March 25, 1939; death is said to have occurred on the date stated above, at 9-40 Pm.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	3/25/38
Arteriosclerotic Heart Disease	3/25/38

Other Contributary Causes of importance: none

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) Lawrence Maryanov M. D.

(Address) Vienna, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED APR 6 1928 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03271

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (94)

County ~~Wicomico~~ Wicomico Registration Dist. No. 337

Village or City Nanticoke No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foraign birth? yrs. mos. ds.

2. FULL NAME John W. Barkley If U. S. Veteran, specify WAR

(a) Residence: No. Nanticoke Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Married

5a. If marriad, widowad, or divorcad HUSBAND of ~~(or) WIFE of~~ Lessie Barkley

6. DATE OF BIRTH (month, day, and yaar) March 23 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	52	11	10	

OCCUPATION

8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Waterman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceasad last worked at this occupation (month and year) 1 Mo. 11. Total tima (yaars) spent in this occupation life

12. BIRTHPLACE (city or town) Nanticoke (State or country) Md.

FATHER

13. NAME James Barkley

14. BIRTHPLACE (city or town) Nanticoke (State or country) Md.

MOTHER

15. MAIDEN NAME Mariah Jones

16. BIRTHPLACE (city or town) Jesterville (State or country) Maryland.

17. INFORMANT Lessie Barkley (Address) Nanticoke Md.

18. BURIAL, CREMATION, OR REMOVAL Place Nanticoke Date March 12, 1939

19. UNDERTAKER Ozie Dashiell (Address) Princess Anne Md.

20. FILED 3/10, 1939 R. Woolford Walter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar (Month) 9 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attendad deceased from Mar 5, 1939, to Mar 9, 1939

I last saw him aliva on Mar 7, 1939; death is said to have occurred on the date stated above, at 5 A.M.

The PRINCIPAL CAUSE OF DEATH and relatad causas of importanca ware as follows:

	Date of onsat
Coronary Thrombosis	Mar
Other Contribntory Causes of importence:	

Neme of operation Date of

What test confirmed diagnosis? Was thera an autopsy? No

23. If death wes due to external causes (VIDLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) J. P. Bozman M. D.

(Address) Salisbury

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED
APR 5 1939
BUREAU V. S.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03272

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (174)

County Wicomico Registration Dist. No. 333

Village or City Salisbury P. G. Hospital No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Frank L. Beckett If U. S. Veteran, specify WAR No

(a) Residence: No. Mr. Snow Hill, Md St. R. F. D. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 15 - 1915

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	23	10	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) March 1939

11. Total time (years) spent in this occupation 5 yrs

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Isaac Beckett

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Hattie Collicks

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Hattie Beckett (Address) Snow Hill Md

18. BURIAL, CREMATION, OR REMOVAL Place Johnson Pitch Cem. Date March 29, 1939

19. UNDERTAKER Pearse & Dennis (Address) Snow Hill Md

20. FILED 3/27/1939 Harriet E. Johnson Registrar. Local

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19...; death is said to have occurred on the date steted above, at 9 P. m.

Tha PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:

	Date of onset
—	
Shot to wound in right wrist	
Homicide	
Other Contributory Causes of importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was thera an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Dete of injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ...

Nature of Injury ...

24. Was disease or injury in any way relatad to occupation of deceased? ...

If so, specify ...

(Signed) David A. Hutchinson Coroner M. D.

(Address) Snow Hill Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH

(117-E)

03273

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury, Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Somerset

(c) City or town Pocomoke City Rural 1 (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clayton H. Bromley

3 (b) If veteran, name war No

3 (c) Social Security No. No

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Myrtle Bromley

6. (c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1889

8. AGE: Years 49 Months 6 Days 24 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Foreman in Timber Woods

11. Industry or business

FATHER 12. Name George W. Bromley

13. Birthplace Maryland

MOTHER 14. Maiden Name Rose Dryden

15. Birthplace Maryland

16 (a) Informant Mr. Marion Riley

(b) Address Snow Hill, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2, 1939 (month) (day) (year)

(c) Cemetery or crematory M. E. Cem.

Location Pocomoke City, Md.

18 (a) Funeral director Hearne Dennis

(b) Address Snow Hill Md

19 (a) 3/31/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death March 31st 1939, at 1.45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/30 1939, to 3/31 1939, and that I last saw him alive on 3/31 1939.

Immediate cause of death General Peritonitis — Duration 2 days

Due to Perforating Duodenal Ulcer 2 days

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations Perforating duodenal ulcer + general peritonitis

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Chas. T. Fischer M.D. M. D. or other

Address Salisbury, Md. Date signed 3/31/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 5 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH

03274

1. PLACE OF DEATH:
(a) County Wicomico.
(b) City or town Salisbury, Maryland (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Peninsula General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Worcester.
(c) City or town Newark, Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Burbage.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 27 1939

8. AGE: Years | Months | Days | If less than one day ____ hr. ____ min.
Stillbirth (4 mo. fetus)

9. Birthplace Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Walter James Burbage
13. Birthplace Berlin, Md.

MOTHER 14. Maiden Name Mildred Elizabeth Bradford
15. Birthplace Newark, Md.

16 (a) Informant
(b) Address

17 (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3/29/39 (month) (day) (year)
(c) Cemetery or crematory P. G. Hospital
Location Salisbury, Md.

18 (a) Funeral director Supt. P. G. Hospital (acting)
(b) Address Salisbury, Md.

19 (a) 3/29/39 (Date rec'd by registrar) (b) Harold E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death 3-27- 1939 at 4:00 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Stillbirth	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R. M. Healy M. D. or other

Address Salisbury, Md. Date signed

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 5 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

03275

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 days

(e) Length of stay in this community (yrs., mos., or days) 1 mo. 6 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Salisbury R F (If outside city or town limits, write RURAL and give town)

(d) Street No. Mt Hermon Road (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME John Cannon

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male | 5. Color or race Black | 6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) February 13, 1939

8. AGE: Years | Months 1 | Days 6 | If less than one day _____ hr. _____ min.

9. Birthplace Salisbury Wicomico Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Oliver Cannon

13. Birthplace Princess Anne, Md

MOTHER 14. Maiden Name Jeanette Graham

15. Birthplace Fruitland Md

16 (a) Informant Oliver Cannon X

(b) Address Salisbury Md R# 4

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20, 1939 (month) (day) (year)

(c) Cemetery or crematory West Post Office Ind

Location Somerset County

18 (a) Funeral director (acting) Oliver Cannon X

(b) Address Mt Hermon Salisbury, Md. R 4

19 (a) March 20, 1939 (Date rec'd by registrar) (b) Gabriel E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death March 19, 1939, at 10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1939, to March 19 1939 and that I last saw him alive on March 18 1939

Immediate cause of death	Duration
Diarrhea	6
Due to Prematurity	
Due to Syphilis?	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J Parramore M. D. or other

Address Salisbury Date signed June 20

RECEIVED
APR 5 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (186-a) Reg. Dist. No. 333

03276

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: P. G. Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 day
(e) Length of stay in this community (yrs., mos., or days) 21 years

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Salisbury (If outside city or town limits, write RURAL and give town)
(d) Street No. R.D. #2. Quantico Road (If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Clara H. Chandler

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles L. Chandler

6. (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) March 28, 1873

8. AGE: Years 61 Months 11 Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Jamesville Virginia (Town, county, and state)

10. Usual occupation House wife

11. Industry or business at Home

FATHER
12. Name John T Hargis
13. Birthplace N. Hampton County Va.

MOTHER
14. Maiden Name Bettie Kellam
15. Birthplace Locustville Virginia

16 (a) Informant Charles L. Chandler
(b) Address R.D. #2 Salisbury Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 8-39 (month) (day) (year)
(c) Cemetery or crematory Parsons Cemetery
Location N. Div. st. Salisbury Md.

18 (a) Funeral director Holloway & Co.
(b) Address Salisbury Maryland

19 (a) March 7, 1939 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death March 6-1939, at 3:20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 3 1939, to Mar 6 1939 and that I last saw him alive on Mar 6 1939

Immediate cause of death: Chronic myocarditis; Uro-pneumonia; Nephritis

Due to _____

Due to _____

Other conditions Trust R. Life; Fracture caused by accidental fall. (Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration: several years; 3 days

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident.
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury Accidental fall.

23. Signature J. R. Wanner M. D. or other

Address Salisbury Md. Date signed Mar 7 39

RECEIVED
APR 5 1939
REAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

03277

CERTIFICATE OF DEATH

1. PLACE OF DEATH

(a) County Wicomico

(b) City or town Salisbury Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Eastern Shore TB Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 mo 17d

(e) Length of stay in this community (yrs., mos., or days) 4 mo 17d

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Dorchester

(c) City or town Cambridge Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No. _____
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Clark, Mary F.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: John L. Clark

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.): Sept 23, 1911

8. AGE: Years: 27 Months: 5 Days: 25 If less than one day _____ hr. _____ min.

9. Birthplace: Ohio
(Town, county, and state)

10. Usual occupation: Housemaid Stenographer

11. Industry or business

FATHER 12. Name: Reyd S. Henry

FATHER 13. Birthplace: Pennsylvania

MOTHER 14. Maiden Name: Catherine Fisher

MOTHER 15. Birthplace: Ohio

16 (a) Informant: deceased On admission

16 (b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/20/39 (month) (day) (year)

17 (c) Cemetery or crematory: Parksley Mem Park

Location: Cambridge Md

18 (a) Funeral director: H S Lecompte

18 (b) Address: Cambridge Md

19 (a) March 18, 1939 (Date rec'd by registrar) (b) Harriett E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death March 18 1939, at 6.10 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 11/1/38 19__, to 3/16/39 19__, and that I last saw him alive on 3/15/39 19__.

Immediate cause of death: Pulmonary Tuberculosis — Duration: Jan 1938

Due to: _____

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations: _____

Of autopsy: _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide: _____

(b) Date of occurrence: _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury: _____

23. Signature: Paul Owen M. D. or other

Address: Salisbury Date signed 3/18/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 5 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH

(93-C)

03278

WITHIN CORPORATE LIMITS

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 608 Delaware St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 60 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Salisbury Md. (If outside city or town limits, write RURAL and give town)
(d) Street No. 608 Delaware St. Salis. (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Elizabeth Collier

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F.

5. Color or race Col.

6 (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Luther Waller

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 80 Months about Days If less than one day ____ hr. ____ min.

9. Birthplace Quantico Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name unknown
13. Birthplace

MOTHER
14. Maiden Name unknown
15. Birthplace

16 (a) Informant Harlan Waller
(b) Address 608 Delaware St. Salis.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/16/39 (month) (day) (year)
(c) Cemetery or crematory Houston Cem.
Location Salisbury Md.

18 (a) Funeral director Mrs. C. Messick & Sons
(b) Address Hebron Md. D.K. Messick

19 (a) March 16, 1939 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar Local

MEDICAL CERTIFICATION

20. Date of death 3/12/39 19__, at 10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 12 1939, to Mar 12 1939 and that I last saw him alive on Feb 12 1939.

Immediate cause of death chronic myocarditis — Duration 1 yr

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Wanner M. D. or other
Address Salisbury Date signed Mar 15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1939
BUREAU V. S

STATE OF MARYLAND—CERTIFICATE OF DEATH

03279

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 330

Village or City Mardela R.D. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 74 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George E. Cox If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret J. Cox

6. DATE OF BIRTH (month, day, and year) Dec 26-1858

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	80	2	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME William Cox

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Sarah A. Russell

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT (Address) Mrs Edward Donoho Mardela R.D.

18. BURIAL, CREMATION, OR REMOVAL

Place Athol Date Mch 5, 1939

19. UNDERTAKER (Address) W. D. Traverse & Bro Sharptown Md.

20. FILED March 4, 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mch (Month) 3 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1939, to March 3rd, 1939

I last saw him alive on March 3rd, 1939; death is said to have occurred on the date stated above, at 8 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
chronic myocarditis	
influenza	
asthma	

Other Contributory Causes of Importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Emerick M. D.

(Address) Hebron Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED APR 6 1933 BUREAU OF

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03280

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (159)

County Wacomico Registration Dist. No. 332

Village or City Near Parsonsburg No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Crist If U. S. Veteran, specify WAR —

(a) Residence: No. Nr. Parsonsburg St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	White	single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March 27-1939

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
		1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Near Parsonsburg Md

FATHER

13. NAME Abra R Crist

14. BIRTHPLACE (city or town) (State or country) Wilmington Del

MOTHER

15. MAIDEN NAME Mary Meads

16. BIRTHPLACE (city or town) (State or country) Wilmington Del

17. INFORMANT (Address) Levi Lewis Parsonsburg Md

18. BURIAL, CREMATION, OR REMOVAL Place Walston Smith Date 3/30, 1939

19. UNDERTAKER Wm Howard Wells (Address) M.E.M. Pittsville Md

20. FILED Mar. 30, 1939. Lillian R. Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 28 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attendad deceasad from March 27, 1939, to March 28, 1939

I last saw h— alive on March 28, 1939; death is said to have occurred on the data stated above, at 4 p.m.

The PRINCIPAL CAUSE OF DEATH and ralatad causes of importanca were as follows:

	Date of onset
1. Premature Birth (1 hrs)	
Other Contributory Causes of Importance:	

Nama of operation — Data of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicida, or homicida? — Date of Injury —, 19—

Where did injury occur? (Specify city or town, county and State)

Spacify whather injury occurrad in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way ralated to occupation of deceased? —

If so, specify

(Signad) Charles F. Brown M. D.

(Addrass) Salisbury Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

RECEIVED APR 6 1939 BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03281

(159)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

WITHIN CORPORATE LIMITS OF Village or City Salisbury No. 607 Moore St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S. If of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Infant of William Dennis If U. S. Veteran, specify WAR .....

(a) Residence: No. 607 Moore St St., Ward .....

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	Colored	Infant

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Infant

6. DATE OF BIRTH (month, day, and year) March 3 1939

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
			6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Infant

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. X

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (city or town) Maryland (State or country)

FATHER

13. NAME William Dennis

14. BIRTHPLACE (city or town) Maryland (State or country)

MOTHER

15. MAIDEN NAME Florence Conway

16. BIRTHPLACE (city or town) Maryland (State or country)

17. INFORMANT Wm. Dennis (Address) Salisbury, Md

18. BURIAL, CREMATION, OR REMOVAL Church burial ground Place Quantico-Colored Date March 11, 1939

19. UNDERTAKER (acting) Williams Dennis (Address) Salisbury Md.

20. FILED March 11, 1939 Harry E. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 9 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 3, 1939, to March 9, 1939

that I last saw him alive on March 9, 1939; death is said to have occurred on the date stated above, at 11:30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Pre-mature birth	
Other Contributory Causes of Importance:	

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) A. T. Browne M. D.

(Address) Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED APR 5 1928

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH

03282

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7

(e) Length of stay in this community (yrs., mos., or days) 7

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Worcester

(c) City or town Berlin md (If outside city or town limits, write RURAL and give town)

(d) Street No. Flower St (If rural give location)

(e) If foreign born, how long in U. S. A.? a a years

3 (a) FULL NAME Lillian H Derickson

3 (b) If veteran, name war no

3 (c) Social Security No. no

4. Sex female

5. Color or race a a

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife no

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1923 Aug 6

8. AGE: Years 15 Months 5 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace Berlin md (Town, county, and state)

10. Usual occupation School girl

11. Industry or business no

FATHER

12. Name Enoch Henry

13. Birthplace Berlin md

MOTHER

14. Maiden Name Annie M Derickson

15. Birthplace Berlin md

16 (a) Informant Annie M. Derickson

(b) Address Berlin md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/ 8 1939 (month) (day) (year)

(c) Cemetery or crematory New Bethell

Location Berlin md

18 (a) Funeral director James F Stewart

(b) Address Salisbury md

19 (a) March 8, 1939 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death March 5th 1939, at 10.50 a.m.

21. I certify that death occurred on the date above stated; that I attended deceased from 2/26 1939, to 3/5 1939, and that I last saw him alive on 3/5 1939.

Immediate cause of death General Peritonitis — Duration 6 days

Due to Puerperal Sepsis — 7 days

Due to

Other conditions Pregnancy (terms) (Include pregnancy within 3 months of death)

Major findings:

Of operations Contracted pelvis (Caesarian section)

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Salisbury, Md Date signed 3/8/39.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 5 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

03283

CERTIFICATE OF DEATH

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Wicomico Hotel

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 hrs

(e) Length of stay in this community (yrs., mos., or days) "

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State New Jersey (b) County Mercer

(c) City or town Princeton (If outside city or town limits, write RURAL and give town)

(d) Street No. 150 Cleveland Lane (If rural give location)

(e) If foreign born, how long in U. S. A.? ✓ years ✓

3 (a) FULL NAME Howard D. Eldridge

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mabel V. Eldridge

6. (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) Nov. 11, 1878.

8. AGE: Years 60 Months 4 Days 7 If less than one day ____ hr. ____ min.

9. Birthplace Hightstown, Mercer, New Jersey (Town, county, and state)

10. Usual occupation Basker

11. Industry or business ✓

FATHER

12. Name George W. Eldridge

13. Birthplace New Jersey

MOTHER

14. Maiden Name Sarah Earley

15. Birthplace New Jersey

16 (a) Informant Mrs. Mabel V. Eldridge,

(b) Address Princeton, New Jersey.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/21/39 (month) (day) (year)

(c) Cemetery or crematory Princeton

Location Princeton, N. J.

18 (a) Funeral director The Hill & Johnson Co.

(b) Address Salisbury, Md.

19 (a) March 19, 1939 (Date rec'd by registrar) (b) Harriet E. Johnson Sec'y Registrar

MEDICAL CERTIFICATION

20. Date of death March 18, 1939, at 10:25 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from dead on arrival 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death Coronary embolism

Due to ____

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury ____

23. Signature Philip A. Tusley M. D. or other

Address Salisbury, Md Date signed 3-19-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH

03284

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Shad Point
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 74 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Shad Point
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John Adolphus Fields

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mamie Rosetta Fields

6. (c) If alive, give age 67 years

7. Birth date of deceased (mo., day, yr.) Feb. 5 - 1865

8. AGE: Years 74 | Months 1 | Days 19 | If less than one day hr. min.

9. Birthplace Shad Point Md.
(Town, county, and state)

10. Usual occupation Merchant

11. Industry or business Owner & Grocery store

FATHER
12. Name John Wilson Fields
13. Birthplace Shad Point Md.

MOTHER
14. Maiden Name Mary Elizabeth McGrath
15. Birthplace Near Pittsburg Md.

16 (a) Informant Mrs Mamie Rosetta Fields
(b) Address R.D. #1. Salisbury Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 26-39 (month) (day) (year)
(c) Cemetery or crematory Shad Point Cemetery
Location Shad Point Church yard

18 (a) Funeral director Dolloway & Co.
(b) Address Salisbury Md. Walter R. Dolloway

19 (a) 3/25/39 (Date rec'd by registrar) (b) Harriett E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death March 24 1939, at 6. P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 26 1939, to March 24 1939; and that I last saw him alive on March 24, 1939.

Immediate cause of death	Duration
Coronary Occlusion	?
Chronic Myocarditis	?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Dr John H Yeamans M. D. or other

Address 221½ Camden Ave. Salisbury Date signed

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 330

(107-a)

CERTIFICATE OF DEATH

03285

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Delmar, Rural (Columbia)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Delmar, Rural (Columbia)
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Hilary Lester Gaines

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced. ----

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 22, 1938

8. AGE: Years --; Months 8; Days 25; If less than one day ____hr. ____min.

9. Birthplace Delmar (Rural, Columbia)
(Town, county, and state)

10. Usual occupation ---

11. Industry or business ---

FATHER

12. Name Roland Gaines

13. Birthplace Delaware

MOTHER

14. Maiden Name Fannie Gaines

15. Birthplace Delaware

16 (a) Informant Roland Gaines

(b) Address Delmar, Del. Route #2

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/'39 (month) (day) (year)

(c) Cemetery or crematory Nebo Cemetery

Location Near Hebron, Md.

18 (a) Funeral director Mrs. C. G. Messick & Sons David H. Messick partner

(b) Address Hebron, Md.

19 (a) 3/18/39 (Date rec'd by registrar) (b) W. H. Robertson Registrar

MEDICAL CERTIFICATION

20. Date of death 3/17/'39 19___, at 3:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 15 1939, to Mar 17 1939, and that I last saw him alive on Mar 16 1939.

	Duration
Immediate cause of death Bronchial Pneumonia	4 weeks
The bronchopneumonia was primary	
Due to There was no associated disease	
Due to	
Other conditions Ruptured tuba post abortum with cardiac failure (Include pregnancy within 3 months of death)	1 week

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. H. Lynch M. D. or other

Address Delmar Del Date signed Mar 18 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 331

CERTIFICATE OF DEATH

03286

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Quantico Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: no

(d) Length of stay in hospital or inst. (yrs., mos., or days) no

(e) Length of stay in this community (yrs., mos., or days) 3 0

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Quantico Md (If outside city or town limits, write RURAL and give town)

(d) Street No. no (If rural give location)

(e) If foreign born, how long in U. S. A.? no years

3 (a) **FULL NAME** Rhesa E Gayle

3 (b) If veteran, name war: no

3 (c) Social Security No. 219-05-3633

4. Sex: female | 5. Color or race: a a | 6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife William Gayle

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 14 1849

8. AGE: Years 49 | Months 9 | Days 3 | If less than one day ____hr. ____min.

9. Birthplace Nanticoke Wicomico Co. Maryland (Town, county, and state)

10. Usual occupation Housekeeping

11. Industry or business None

FATHER

12. Name Thomas Douglass

13. Birthplace Nanticoke, Md.

MOTHER

14. Maiden Name Emily Wallace

15. Birthplace Nanticoke, Md.

16 (a) Informant Mrs Beatrice Conway

(b) Address Quantico md

17 (a) _____ (Burial, cremation, or removal) (b) Date thereof 3/ 23-1934 (month) (day) (year)

(c) Cemetery or crematory Quantico

Location Quantico md

18 (a) Funeral director James F. Stewart

(b) Address Salisbury, md

19 (a) 3/20 (Date rec'd by registrar) (b) Mrs J M Wallace Regiatrar

MEDICAL CERTIFICATION

20. Date of death 3-17 1934 at 8 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sudden to death 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Acute Dilatation of Heart.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** D Allen Fields M. D. or other

Address Nanticoke Md Date signed 3-19-34

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 11 [illegible]

93-C

CERTIFICATE OF DEATH

03287

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Delmar Del & Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: At her home - Woodlawn near Delmar

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 31 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Delmar - Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No. near Delmar
(If rural give location)

(e) If foreign born, how long in U. S. A.? No years

3 (a) FULL NAME Rosa A. Gordy

3 (b) If veteran, name war: no

3 (c) Social Security No.: No

4. Sex: Female

5. Color or race: A A

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Emory Gordy

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 5-30-1891

8. AGE: Years 47 | Months 9 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Camden New Jersey
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business None

FATHER
12. Name Andrew Selby
13. Birthplace Parsonsbury Maryland

MOTHER
14. Maiden Name Ella Williams
15. Birthplace Salisbury Maryland

16 (a) Informant Emory Gordy
(b) Address Delmar, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-15-39 (month) (day) (year)

(c) Cemetery or crematory Union Cemetery
Location near Delmar, Md

18 (a) Funeral director James F. Stewart
(b) Address 402 E. Church St. Salisbury, Md

19 (a) 3-15-39 (Date rec'd by registrar) (b) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. Date of death Mar 11 1939, at 11 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 18 1939, to Mar 11 1939, and that I last saw him alive on Mar 11 1939.

Immediate cause of death Uremic poisoning

Due to Not acute Nephritis

Due to

Other conditions Chronic Myocarditis several months

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: [illegible]

PHYSICIAN
Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Delmar Md Date signed Mar 14

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

APR 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (96)

Reg. Dist. No. 11 336

03288

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Delmar, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: East Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 71 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Delmar, Md.
(If outside city or town limits, write RURAL and give town)

(d) Street No. East Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Cora Del Hastings

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: widowed

6 (b) Name of husband or wife R. C. Hastings

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Oct 1, 1867

8. **AGE:** Years 71 | Months 5 | Days 5 | If less than one day _____ hr. _____ min.

9. Birthplace Delmar, Md.
(Town, county, and state)

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name Burton LeCates
13. Birthplace Md.

MOTHER
14. Maiden Name Unknown
15. Birthplace unknown

16 (a) Informant Mrs Cra Mavel
(b) Address Delmar, Del

17 (a) B Prial (Burial, cremation, or removal) (b) Date thereof Mar 9 1939 (month) (day) (year)

(c) Cemetery or crematory M. P. Cem.

Location Delmar, Del

18 (a) Funeral director Will S. Mavel

(b) Address Delmar, Del

19 (a) March 9, 1939 (Date rec'd by registrar) (b) Harry E. Hudson Registrar

MEDICAL CERTIFICATION

20. Date of death Mar. 6th 1939, at 11:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1939, to Mar 6 1939, and that I last saw him alive on Mar 2 1939.

Immediate cause of death Pulmonary Hemorrhage from Rupture of aneurisms

Due to

Due to Hypertension & arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** S H Lynch
M. D. or other

Address Delmar, Del Date signed Mar. 7/39

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully ~~supplied~~. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

(131)

CERTIFICATE OF DEATH

03289

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Fruitland (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: ✓
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in this community (yrs., mos., or days) 83 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Fruitland (If outside city or town limits, write RURAL and give town)
(d) Street No. ✓ (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) **FULL NAME** Clara Ellen Heath

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife D. Joseph Heath

6. (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Feb. 11, 1856

8. AGE: Years 83 | Months 1 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Wicomico Co., Maryland (Town, county, and state)

10. Usual occupation ✓ Housewife

11. Industry or business ✓

FATHER
12. Name Anthony Carey
13. Birthplace Maryland

MOTHER
14. Maiden Name Charlotte Bussells
15. Birthplace Maryland

16 (a) Informant Mrs. Annie T. Spicknagle
(b) Address Fruitland, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (month) 28 (day) 39 (year)
(c) Cemetery or crematory Fruitland
Location Fruitland, Maryland

18 (a) Funeral director The Neil & Graham Co.
(b) Address Salisbury, Maryland

19 (a) 3/28/39 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death March 26, 1939, at 2:20 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1937, to Mar 26 1939, and that I last saw him alive on ____ 19____.

Immediate cause of death	Duration
Angina Pectoris	1937
Due to Chr. Int. Nephritis	1938
Due to Arter. Sclerosis	1938
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. O. Daisey M.D. M. D. or other
Address Fruitland, Md. Date signed 3/27/39

VS. A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. H 336

CERTIFICATE OF DEATH

03290

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Delmar RFD 3
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Delmar Del
(If outside city or town limits, write RURAL and give town)

(d) Street No. RFD 3
(If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Charles Edward Jackson

3 (b) If veteran, name war /

3 (c) Social Security No. /

4. Sex: Male

5. Color or race: Colored

6 (a) (Single,) married, widowed, or divorced.

6 (b) Name of husband or wife Dorothy Jackson

6. (c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) March 22-1939

8. AGE: Years | Months | Days | If less than one day 2 hr. 15 min.

9. Birthplace Delmar Md
(Town, county, and state)

10. Usual occupation —

11. Industry or business /

FATHER 12. Name William Jackson

13. Birthplace Salisbury, Md

MOTHER 14. Maiden Name Dorothy Stewart

15. Birthplace Media, Pa

16 (a) Informant Dorothy Stewart

(b) Address Delmar, Del

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/39 (month) (day) (year)

(c) Cemetery or crematory Union Cemetery

Location Delmar Md

18 (a) Funeral director William Jackson

(b) Address Delmar, Del

19 (a) 3-31-39 (Date rec'd by registrar) (b) Harry E Hudson Registrar

MEDICAL CERTIFICATION

20. Date of death March 22 1939, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/22 1939, to 3/22 1939 and that I last saw him alive on 3/22 1939.

Immediate cause of death	Duration
Pneumococcus Septicemia	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Martha Salotar, R.N. (M. D. or other)

Address Salisbury, Md Date signed 3/31/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

03291

CERTIFICATE OF DEATH (131)

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 229 Camden Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) 71 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Wicomico
(c) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(d) Street No. 229 Camden Ave.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME William Purnell Jackson

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Katherine S. Jackson

6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) Jan. 11, 1868

8. AGE: Years 71 | Months 1 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Wicomico Co., Md.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business Lumber Manufacturer

FATHER
12. Name William H. Jackson
13. Birthplace Maryland

MOTHER
14. Maiden Name Arabella Humphreys
15. Birthplace Maryland

16 (a) Informant W. Newton Jackson,
(b) Address Salisbury, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/9/39 (month) (day) (year)
(c) Cemetery or crematory Parsons
Location Salisbury, Md.

18 (a) Funeral director T. Hill & Johnson Co.
(b) Address Salisbury, Md.

19 (a) March 9, 1939 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death March 7 1939, at 2.15 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 17 1939, to March 7 1939, and that I last saw him alive on March 7 1939.

Immediate cause of death	Duration
Chronic myocarditis & chronic Nephritis	unknown unknown
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide NO
(b) Date of occurrence —
(c) Where did injury occur? — (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —
(e) Means of injury —

23. Signature R. M. Nuh
M. D. or other
Address Salisbury Date signed 3/8/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

WITHIN CORPORATE LIMITS OF

RECEIVED
APR 5 1939
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH (130)

03292

WITHIN CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury Md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Peninsula General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Wicomico
(c) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(d) Street No. Second St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Lula Johnson

3 (b) If veteran, name war: no
3 (c) Social Security No. no

4. Sex: female
5. Color or race: a a
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife: no
6 (c) If alive, give age: no years

7. Birth date of deceased (mo., day, yr.)

8. **AGE:** Years: 9 | Months: 11 | Days: 25 | If less than one day: ____ hr. no min.

9. Birthplace Salisbury Md
(Town, county, and state)
10. Usual occupation School Girl
11. Industry or business no

FATHER
12. Name Samuel Johnson
13. Birthplace Westover Md

MOTHER
14. Maiden Name Louise Gonson
15. Birthplace Princess Anne Md

16 (a) Informant Louise Johnson
(b) Address 316 DeCombe St Salisbury Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 11-1939 (month) (day) (year)
(c) Cemetery or crematory St Mary's Somerset Co
Location West Post Office

18 (a) Funeral director James H Stewart
(b) Address 402 E Church St Salisbury Md

19 (a) March 11, 1939 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death Mar 7 1939, at DA M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 4 1939, to Mar 7 1939
and that I last saw him alive on Mar 7 1939.

	Duration
Immediate cause of death: Pneumonia	4 days
Due to: acute Bronchitis	10 days
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** J W Timmons M.D.
M. D. or other
Address Salisbury Date signed Mch 13

RECEIVED
APR 5 1930

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH

03293

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury, Maryland (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 9 hrs.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Somerset

(c) City or town Dames Quarter md (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? A. A. Lit years

3 (a) FULL NAME Henry Asbury Jones

3 (b) If veteran, name war no

3 (c) Social Security No. no

4. Sex male

5. Color or race a a

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Laura Jones

6. (c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) about 1874

8. AGE: Years about 65 | Months — | Days — | If less than one day ____ hr. ____ min.

9. Birthplace Dames Quarter md (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business no

FATHER

12. Name Henry A. Jones

13. Birthplace Dames Quarter

MOTHER

14. Maiden Name Roxanna Jones

15. Birthplace Dames Quarter md

16 (a) Informant Mrs Mary Dixon

(b) Address Salisbury md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/39 (month) (day) (year)

(c) Cemetery or crematory Dames Quarter md

Location Dames Quarter md

18 (a) Funeral director H. N. Webster

(b) Address Deals Island Md

19 (a) March 17 1939 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death 3/16, 1939, at 2:45 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/16 1939, to 3/16 1939, and that I last saw him alive on 3/16 1939.

Immediate cause of death 2d Burns of body — Duration 1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence 3/16 39

(c) Where did injury occur? Dames Quarter, Somerset md (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? At home (Specify type of place) While at work? no

(e) Means of injury Burning Building

23. Signature Chas. T. Fischer M.D. M. D. or other

Address Salisbury, Md Date signed 3/16, 39.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 5 1930
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131) Reg. Dist. No. 333

CERTIFICATE OF DEATH

03264

WITHIN CORPORATE LIMITS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 700 East Church St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in this community (yrs., mos., or days) 40 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Wicomico
(c) City or town Salisbury (If outside city or town limits, write RURAL and give town)
(d) Street No. 700 East Church (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) **FULL NAME** Oren Krause

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Male | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Rosa A. Krause

6. (c) If alive, give age ✓ years

7. Birth date of deceased (mo., day, yr.) Sept. 9, 1851

8. **AGE:** Years 87 | Months 5 | Days 24 | If less than one day ____hr. ____min.

9. Birthplace Lehigh County, Penna. (Town, county, and state)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Daniel Krause
13. Birthplace Lehigh Co., Penna.

MOTHER
14. Maiden Name Mary A. Klutz
15. Birthplace Lehigh Co., Penna.

16 (a) Informant C. D. Krause
(b) Address Salisbury, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/5/39 (month) (day) (year)
(c) Cemetery or crematory Parsons
Location Salisbury, Md.

18 (a) Funeral director The Hill & Johnson Co.
(b) Address Salisbury, Md.

19 (a) March 5, 1939 (Date rec'd by registrar) (b) Harriet E. Johnson Deputy Registrar

MEDICAL CERTIFICATION

20. Date of death March 3 1939, at 7:40 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 7 1939, to March 3 1939, and that I last saw him alive on March 3 1939.

Immediate cause of death	Duration
Angina Pectoris	1 day
Due to Chr Int Nephr.	1938
Due to Arterio Sclerosis	1937
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature H. D. Davis M. D. (M. D. or other)
Address Salisbury, Md. Date signed 3/6/39

RECEIVED
APR 5 1930
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03295

1. PLACE OF DEATH

County Wicomico P.G.Hospital (23) Registration Dist. No. 333

Village or City Salisbury No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. 13 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Dorothy Mae Martin If U. S. Veteran, specify WAR No

(a) Residence: No. Snow Hill, Md. R.F.D. St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	Colored	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March 13 - 1936

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	3	0	1	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Walter Martin

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Lillian Dale

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Nora Dale

(Address) Snow Hill Md Route 2

18. BURIAL, CREMATION, OR REMOVAL

Place St James Cem Date March 19, 1939

19. UNDERTAKER Pearne & Dennis

(Address) Snow Hill Md

20. FILED March 15, 1939 Harriett E. Johnson Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar 15 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attendad deceasad from Mar 5, 1939, to Mar 15, 1939

I last saw her alive on March 14, 1939; daath is said to have occurred on the date stated above, at 10:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	2 yr.

Othar Contributory Causes of Importance:

Name of operation — Date of —

What tast confirmad diagnosis? X-ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of injury —

24. Was disaase or injury in any way related to occupation of deceased? No

If so, spacify —

(Signad) Wm Turner M. D.

(Address) Salisbury, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

03296

CERTIFICATE OF DEATH

(128) CB

WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: P. G. Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Virginia (b) County Accomack

(c) City or town Chincoteague
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Louise Booth McLee

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Harvey A. McLee

6. (c) If alive, give age: 29 years

7. Birth date of deceased (mo., day, yr.): Sept. 10, 1910

8. AGE: Years: 28 | Months: 6 | Days: 20 | If less than one day: hr. min.

9. Birthplace: Chincoteague Accomack Va.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER

12. Name: William B. Booth

13. Birthplace: Chincoteague, Va.

MOTHER

14. Maiden Name: Bertha Jester

15. Birthplace: Chincoteague Va.

16 (a) Informant: Harvey A. McLee

(b) Address: Chincoteague, Va.

17 (a) burial (Burial, cremation, or removal) (b) Date thereof April 2, 1939 (month) (day) (year)

(c) Cemetery or crematory: Memorial

Location: Chincoteague Va.

18 (a) Funeral director: D. W. Johnson Inc.

(b) Address: Parksley Va.

19 (a) 3/31/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death 3-30 1939, at 2:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-20 1939, to 3-30 1939, and that I last saw him alive on 3-30 1939.

Immediate cause of death	Duration
Acute Nephritis	2 weeks.
Due to Acute Pancreatitis	16 days
Due to Acute Cholecystitis	16 days.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None.

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature: LaRademaker M.D.
M. D. or other

Address Salisbury, Md Date signed 3/30/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

03297

CERTIFICATE OF DEATH

(121)

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury, Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County ~~Wicomico~~ Somerset

(c) City or town Princess Anne, Maryland (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Iva M. I. McIntyre, Iva M. I.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Leonard McIntyre

6. (c) If alive, give age 45 years

7. Birth date of deceased (mo., day, yr.) May 13, 1897

8. AGE: Years ~~42~~ 42 Months 10 Days 24 If less than one day hr. min.

9. Birthplace Oriole Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER 12. Name Edward W. Smith

13. Birthplace Oriole Md.

MOTHER 14. Maiden Name Elizabeth A. Windsor

15. Birthplace Oriole Md.

16 (a) Informant Leonard McIntyre

(b) Address Princess Anne Md

17 (a) Burial Princess Anne Md (Burial, cremation, or removal) (b) Date thereof March 19, 1939 (month) (day) (year)

(c) Cemetery or crematory Princess Anne Md.

Location Princess Anne Md.

18 (a) Funeral director Dale Dashiell

(b) Address Princess Anne Md

19 (a) March 16, 1939 (Date rec'd by registrar) (b) Harriet E. Johnson Social Registrar

MEDICAL CERTIFICATION

20. Date of death 3-16 1939, at 7 A 40 M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-10- 1939, to 3-16 1939, and that I last saw him alive on 3-16 1939.

Immediate cause of death Coronary Embolism — Duration Immediate

Due to

Due to

Other conditions Acute Appendicitis (Include pregnancy within 3 months of death) — Duration

Major findings:

Of operations Acute Appendicitis

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓

(e) Means of injury

23. Signature [illegible] M. D. or other

Address Salisbury Date signed 3/18/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1939
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH (97)

03298

WITHIN CORPORATE LIMITS OF

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 mos.

(e) Length of stay in this community (yrs., mos., or days) 32 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(d) Street No. 106 E. Isabella St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Mary Roberts Mills

3 (b) If veteran, name war ✓

3 (c) Social Security No. None

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Married

6. (b) Name of husband or wife Edward G. Mills

6. (c) If alive, give age 88 years

7. Birth date of deceased (mo., day, yr.) Sept. 4, 1855

8. **AGE:** Years: 83 | Months: 6 | Days: 23 | If less than one day: _____ hr. _____ min.

9. Birthplace Spring Hill, Wicomico, Md. (Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own Home

FATHER

12. Name William S. Roberts

13. Birthplace Maryland

MOTHER

14. Maiden Name Eliza Dashiell

15. Birthplace Maryland

16 (a) Informant Mrs. Harold Pitch

(b) Address 233 S. Division St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 30 39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Parsons Cem.

Location North Division Street

18 (a) Funeral director The Hill & Johnson Co.,

(b) Address E. Main St. at. Davis

19 (a) 3/29/39 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death March 27 1939, at 10:35 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 17 1939, to March 27 1939, and that I last saw him alive on March 27 1939.

Immediate cause of death	Duration
Senile Pneumonia	Hours
Due to Cerebral Hemorrhage	
Due to	
Other conditions ✓	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? _____

(e) Means of injury ✓

23. Signature J. M. Mills M. D. or other

Address Salisbury Date signed 3/28/39

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 3131

03299

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Hebron (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Hebron (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Agnes Morris

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. ----

6 (b) Name of husband or wife ----

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 3rd, 1938

8. AGE: Years --- Months 10 Days 28 If less than one day hr. min.

9. Birthplace Hebron, Md. Wicomico County (Town, county, and state)

10. Usual occupation ----

11. Industry or business

FATHER

12. Name Harlan Morris

13. Birthplace Hebron, Md.

MOTHER

14. Maiden Name Julia Rider

15. Birthplace Quantico Md.

16 (a) Informant Harlan Morris

(b) Address Hebron, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/1939 (month) (day) (year)

(c) Cemetery or crematory Quantico Cem.

Location Quantico, Md.

18 (a) Funeral director Mrs. C. B. Messick & Son's

(b) Address by David K. Messick, partner Hebron Md.

19 (a) Mch 31/1939 (Date rec'd by registrar) (b) Mrs J. M. Wallace Registrar

MEDICAL CERTIFICATION

20. Date of death 3/31/1939 19 , at 6 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 25th 1939, to March 31st 1939, and that I last saw her alive on March 30th 1939.

Immediate cause of death Broncho Pneumonia

Due to Influenza

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William Emrich M. D. or other

Address Hebron - Md. Date signed March 31st

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH

03300

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
402 Lake St,
(d) Length of stay in hospital or inst. (yrs., mos., or days) [illegible]
(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(d) Street No. 402 Lake St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Margaret Nutter

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female | 5. Color or race col. | 6 (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Howell Nutter

6. (c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) Mar. 30, 1901

8. AGE: Years 37 | Months 11 | Days 13 | If less than one day _____ hr. _____ min.

9. Birthplace Salisbury Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Charles Church

13. Birthplace Quantico, Md.

MOTHER 14. Maiden Name Elizabeth Lemmy

15. Birthplace Salisbury Md

16 (a) Informant Emily Nutter

(b) Address 402 Lake St, Salisbury

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/39 (month) (day) (year)

(c) Cemetery or crematory Parsons Cem.

Location Salisbury, Md.

18 (a) Funeral director Mrs. C. Munnelly Davis

(b) Address by Rev. J. Meyer, pastor

19 (a) March 16, 1939 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death 3/12/39 19____, at 8 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 25 1938, to March 12 1939, and that I last saw him alive on March 10 1939.

Immediate cause of death	Duration
Pulmonary Tuberculosis	6 months
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. A. Rademaker M.D.
M. D. or other
Address Salisbury, Md. Date signed 3/13/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

WITHIN CORPORATE LIMITS

RECEIVED
APR 5 1939
BUREAU U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03301

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Nr. Salisbury Md No. Anderson Road St., R.2 Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Infant Parker If U. S. Veteran, specify WAR ___

(a) Residence: No. ___ St., ___ Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ___

6. DATE OF BIRTH (month, day, and year) March 25, 1939

7. AGE 5 1/2 mos Stillborn | Years | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ___

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ___

10. Date deceased last worked at this occupation (month and year) ___

11. Total time (years) spent in this occupation ___

12. BIRTHPLACE (city or town) (State or country) Wicomico Co. Salisbury Md

FATHER

13. NAME Lorenzo Sherrod

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Elizabeth Maria Parker

16. BIRTHPLACE (city or town) (State or country) Newark Md

17. INFORMANT (Address) George Parker Salisbury Md R#2

18. BURIAL, CREMATION, OR REMOVAL Place Edgar Williams Date 3/25, 1939 Farm Nr. Salisbury

19. UNDERTAKER (Address) (acting) Nr. Mark George Parker R#2 Anderson Rd. Salisbury Md

20. FILED 3/26, 1939 Harriet E. Johnson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar (Month) 25, (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar 25, 1939, to Mar 25, 1939

I last ~~saw~~ alive on ~~and~~ did not saw death is said to have occurred on the date stated above at ___ a.m. at 11 30 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Prematurity	2

Other Contributory Causes of importance: Unknown

Name of operation ___ Date of ___

What test confirmed diagnosis? Examination Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ___

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) G. H. Hembly M. D.

(Address) Salisbury Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED APR 5 1939 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH

03302

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury Md
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: no
(d) Length of stay in hospital or inst. (yrs., mos., or days) no
(e) Length of stay in this community (yrs., mos., or days) 84 years

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Wicomico
(c) City or town Salisbury Md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 501 Poplar Hill ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? a-a years

3 (a) FULL NAME John H Parker

3 (b) If veteran, name war: no
3 (c) Social Security No.: no

4. Sex: male
5. Color or race: a a
6 (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or wife: Mary L Parker
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) about 1855

8. AGE: Years 84 | Months — | Days — | If less than one day ____hr. ____min.

9. Birthplace Quantico Md
(Town, county, and state)

10. Usual occupation Caterer

11. Industry or business

FATHER
12. Name Henry J. Parker
13. Birthplace Quantico Md

MOTHER
14. Maiden Name Sarah Letherbury
15. Birthplace Quantico Md

16 (a) Informant Mrs Mary L Parker
(b) Address Salisbury Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (month) 5 (day) 1939 (year)
(c) Cemetery or crematory Hamtown
Location Salisbury Md

18 (a) Funeral director James P Stewart
(b) Address Salisbury Md

19 (a) March 5 1939 (Date rec'd by registrar) (b) Harriett E. Johnson Deputy Registrar

MEDICAL CERTIFICATION

20. Date of death March 2 1939, at 11 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec 1938 to March 2 1939, and that I last saw him alive on March 1 1939.

	Duration
Immediate cause of death: Cerebral Hemorrhage	Patient's two days
Due to: Arterio-Sclerosis	Uncertain
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Thomas R Mann M. D. or other
Address Salisbury Md Date signed 3/3/1939

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (93C)

Reg. Dist. No. 333

03303

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Cathell St.,

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) All life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Salisbury Maryland (If outside city or town limits, write RURAL and give town)

(d) Street No. Cathell St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Charles Parsons

3 (b) If veteran, name war: No

3 (c) Social Security No.: No

4. Sex: Male

5. Color or race: A. A

6 (a) Single, married, widowed, or divorced: widowed (grass)

6 (b) Name of husband or wife: Maggie Parsons

6. (c) If alive, give age: Don't know years

7. Birth date of deceased (mo., day, yr.) 12-30-1871

8. **AGE:** Years 67 | Months 2 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace Salisbury, Wicomico Co., Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business None

FATHER
12. Name Noah Parsons
13. Birthplace Unknown

MOTHER
14. Maiden Name Unknown
15. Birthplace Unknown

16 (a) Informant Earle Parsons

(b) Address Cathell St, Salisbury Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-14-39 (month) (day) (year)

(c) Cemetery or crematory Houston

Location Salisbury Md

18 (a) Funeral director James F. Stewart

(b) Address 402 E. Church St. Salisbury Md

19 (a) March 13, 1939 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death Mar 11 1939, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 10 1939, to Mar 11 1939, and that I last saw him alive on Mar 10 1939.

Immediate cause of death: Uremia myocarditis — Duration: 2

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M.D. (M. D. or other)

Address Salisbury Date signed Mar 13

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 5 1939
BUREAU V. S.

03304

STATE OF MARYLAND—CERTIFICATE OF DEATH

(131)

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 332

Village or City Willards No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John P. Patey If U. S. Veteran, specify WAR —

(a) Residence: No. Willards St., Ward. —

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Cordelia Patey

6. DATE OF BIRTH (month, day, and year) May. 29, 1854

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	84	9	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Aug 17, 1935

11. Total time (years) spent in this occupation life

12. BIRTHPLACE (city or town) (State or country) Wicomico County Md.

FATHER

13. NAME John M. Patey

14. BIRTHPLACE (city or town) (State or country) Ireland.

MOTHER

15. MAIDEN NAME Mary Jane Gordy

16. BIRTHPLACE (city or town) (State or country) New Hope Md.

17. INFORMANT (Address) My Syorce Ennis Willards Md.

18. BURIAL, CREMATION, OR REMOVAL Place Mt Pleasant near Willards Date 3/26, 1939.

19. UNDERTAKER (Address) M. Pasha Watson Selbyville Del.

20. FILED Mar. 26, 1939. Lillian R. Davis Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar. (Month) 25 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him alive on Mar 24, 1939; death is said to have occurred on the date stated above, at 8 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Hemorrhage.

Date of onset

Other Contributory Causes of Importance:

Chr. Nephritis

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Chas. R. Law M. D.

(Address) Berlin Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [redacted]LY, WITH UNFADING INK. THIS IS A PERMANENT RE[redacted]ery item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED APR 6 1933 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

03305

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Wicomico Registration Dist. No. 333

Village or City Salisbury Den General Hosp. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S. if of foreign birth? ..... yrs. ..... mos. ..... ds.

2. FULL NAME Mary Frances Philan If U. S. Veteran, specify WAR .....

(a) Residence: No. Whaley Sills Md. St., ... Ward. ..... Wor.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): —

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: —

6. DATE OF BIRTH (month, day, and year): Nov. 2, 1938.

7. AGE: Years — Months 3 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: —

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: —

10. Date deceased last worked at this occupation (month and year): —

11. Total time (years) spent in this occupation: —

12. BIRTHPLACE (city or town) (State or country): Maryland.

FATHER

13. NAME: James W. Philan.

14. BIRTHPLACE (city or town) (State or country): Maryland.

MOTHER

15. MAIDEN NAME: Louise Truitt

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): James W. Philan Whaleyville, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Riley Cem. Date: Mar. 3, 1939

19. UNDERTAKER (Address): J. W. Burbage. Berlin Md.

20. FILED 3/1, 1939 Harriet E. Johnson Regist. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 28, 1939, to Mar 1, 1939

I last saw her alive on Feb 28, 1939; death is said to have occurred on the date stated above, at 1 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Bronchial Pneumonia	Feb 24

Other Contributory Causes of Importance:

Probably Influenza

Name of operation ..... Date of .....

What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ..... Date of Injury ....., 19.....

Where did injury occur? ..... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) J. Wummer M. D.

(Address) Salisbury Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE [illegible]LY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED APR 5 1928

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

03306

CERTIFICATE OF DEATH

46-A

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Fruitland (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: South side of Fruitland
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 65 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Wicomico
(c) City or town Fruitland (If outside city or town limits, write RURAL and give town)
(d) Street No. Home near Penna. R.R. Tracks (If rural give location) South side of Town.
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Robert Powell

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) No Record

8. AGE: Years about 65 | Months | Days | If less than one day hr. min.

9. Birthplace Fruitland Md. Wico. County (Town, county, and state)

10. Usual occupation retired Sawyer

11. Industry Lumber Saw Mill

FATHER
12. Name Thomas Powell
13. Birthplace R.F.D. Princess Anne Md.

MOTHER
14. Maiden Name Mary Ann Roe
15. Birthplace Worcester Co. Maryland

16 (a) Informant Mrs. Lloyd Larmore
(b) Address Tyaskin Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 10 39 (month) (day) (year)
(c) Cemetery or crematory Fruitland Cemetery
Location M.E. Church Cem. Fruitland

18 (a) Funeral director Holloway & Co.
(b) Address Walter R. Holloway Salisbury Md.

19 (a) March 9, 1939 (Date rec'd by registrar) (b) Harriet C. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death March 8 1939, at found dead M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1939, to May 7 1939, and that I last saw him alive on May 7 1939.

Immediate cause of death	Duration
Cardiac Thrombosis	1939
Due to Carcinoma of Stomach	1938
Due to Arteriosclerosis	1938
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. Daisy M. D. or other
Address Fruitland Md Date signed 7/9/39

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 5 1939
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

03307

CERTIFICATE OF DEATH

23

1. PLACE OF DEATH:

(a) County Wicomico Co

(b) City or town Salisbury Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Eastern Shore T.B. Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 mo 16d.

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Wicomico

(c) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(d) Street No. Fitzwater St (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Hattie Richardson

3 (b) If veteran, name war —

3 (c) Social Security No. 214-10-8553

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife Howard Richardson

6. (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) April 5, 1892

8. AGE: Years 46 | Months 11 | Days 11 | If less than one day _____ hr. _____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation factory hand

11. Industry or business Shirt factory

FATHER

12. Name Frank Cox

13. Birthplace Maryland Silvano

MOTHER

14. Maiden Name ~~Thomas~~ Priscilla Twigg

15. Birthplace Maryland

16 (a) Informant deceased on admission

(b) Address

17 (a) Burial (Burial, cremation or removal) (b) Date thereof Mar. 18, 1939 (month) (day) (year)

(c) Cemetery or crematory M.P. Cem. Bivalve Cemetery

Location Bivalve Maryland

18 (a) Funeral director Holloway & Co.

(b) Address Walter R. Holloway Salisbury Md

19 (a) March 18, 1939 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death March 16 1939, at 7.05 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 4/30/38 19____, to 3/16/39 19____, and that I last saw him alive on 3/15/39 19____.

Immediate cause of death	Duration
Tuberculous Meningitis	3 wks
Due to Tuberculosis Pulmonary	12 mo
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Paul Cohen M. D. or other

Address Salisbury Md Date signed 3/16/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH

03308

WITHIN CORPORATE LIMITS OF

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 509 Camden Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days) ✓
(e) Length of stay in this community (yrs., mos., or days) 36 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Wicomico
(c) City or town Salisbury,
(If outside city or town limits, write RURAL and give town)
(d) Street No. 509 Camden Ave.,
(If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) **FULL NAME** Mary H. Leffler

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Grant Leffler

6. (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr.) July 6, 1867.

8. **AGE:** Years 66 | Months 8 | Days 21 | If less than one day ____hr. ____min.

9. Birthplace Rex Lynn, Montgomery, Pa.
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business ✓

FATHER
12. Name Justice H. Luby
13. Birthplace Pennsylvania

MOTHER
14. Maiden Name Mary Guyer
15. Birthplace Pennsylvania

16 (a) Informant Mr. Grant Leffler,
(b) Address Salisbury, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/39 (month) (day) (year)
(c) Cemetery or crematory Rose Hill
Location Camden, Pennsylvania

18 (a) Funeral director The Hill & Jackson Co.
(b) Address Salisbury, Md.

19 (a) 3/29/39 (Date rec'd by Registrar) (b) Harriet E. Johnson Deputy Registrar

MEDICAL CERTIFICATION

20. Date of death March 27 1939, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 26 1939, to March 27 1939, and that I last saw him alive on March 27 1939.

Immediate cause of death	Duration
Cerebral hemorrhage	2 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Brummer M.D.
M. D. or other
Address Salisbury Date signed March 29

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

03309

CERTIFICATE OF DEATH

(M) WITHIN CORPORATE LIMITS OF

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: P. G. Hospt.
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day
(e) Length of stay in this community (yrs., mos., or days) 7 years

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Salisbury Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Cor London ave & N. Division
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Fredrick W. Shartzer

3 (b) If veteran, name war

3 (c) Social Security No. 173-01-5652

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) ~~Name of husband~~ Divorced of wife Elizabeth Adams

6 (c) If alive, give age Dont Know years

7. Birth date of deceased (mo., day, yr.) April 22-1895

8. AGE: Years 43 | Months 10 | Days 11 | If less than one day _____ hr. _____ min.

9. Birthplace Garrett County Md.
(Town, county, and state)

10. Usual occupation Drug salesman

11. Industry or business Dill Co. Norristown Pa

FATHER
12. Name Andrew Shartzer
13. Birthplace Kent Co. Md.

MOTHER
14. Maiden Name Hannah Camp.
15. Birthplace Garrett Co. Md.

16 (a) Informant Earl Shartzer
(b) Address Oakland Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 6-1939 (month) (day) (year)
(c) Cemetery or crematory Oakland Cem.
Location Oakland Maryland

18 (a) General director Holloway & Co.
(b) Address Walter R. Holloway Salisbury Md

19 (a) 3/4/39 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death March 3-1939, at 5:10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 2 1939, to Mar 3 1939 and that I last saw him alive on Mar 3 1939

Immediate cause of death: Acute Uraemia — Duration: 2 days

Due to _____

Due to _____

Other conditions: Influenza, acute Otitis, Sinusitis
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature J. Wanner M.D.
M. D. or other
Address Salisbury Md. Date signed Mar 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1939
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH

03310

1. PLACE OF DEATH:
(a) County Wicomico Co
(b) City or town Salisbury Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
East Shore TB Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 yrs 2 mo 11 days
(e) Length of stay in this community (yrs., mos., or days) same

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1700 E Lamont St
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Wilson A Weber

3 (b) If veteran, name war —

3 (c) Social Security No. none

4. Sex male

5. Color or race White

6 (a) Single, married, widowed, or divorced married

6 (b) Name of husband or wife Mrs Helen Thompson Weber

6. (c) If alive, give age unknown years

7. Birth date of deceased (mo., day, yr.) Dec 28, 1905

8. **AGE:** Years 33 | Months 2 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Bookkeeper

11. Industry or business —

FATHER
12. Name Walter Weber
13. Birthplace Maryland

MOTHER
14. Maiden Name Minnie Rowlenson
15. Birthplace Maryland

16 (a) Informant deceased on admission
(b) Address

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13-39 (month) (day) (year)
(c) Cemetery or crematory Cedar Bluff Cem
Location Annapolis Md

18 (a) Funeral director B. L. Hopping
(b) Address Annapolis, Md

19 (a) March 11 1939 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death March 10 1939, at 10.50 P M

21. I certify that death occurred on the date above stated; that I attended deceased from 12/18/36 19__, to 3/10/39 19__, and that I last saw him alive on 3/10/39 19__.

Immediate cause of death	Duration
Pulmonary Tuberculosis	1930
Due to	
Due to	
Other conditions Renal Tuberculosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** Paul Glen MD
M. D. or other

Address Salisbury Date signed 3/11/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 15 1996

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH

03311

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in this community (yrs., mos., or days) 1/2

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Somerset

(c) City or town Dames Quarter (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Dona Frances White

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Baby

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) APRIL 20, 1937

8. AGE: Years 1 Months 10 Days 20 If less than one day hr. min.

9. Birthplace Dames Quarter, Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Clifton Harvard White

13. Birthplace Dames Quarter, Md.

MOTHER 14. Maiden Name Anna Webster

15. Birthplace Dames Quarter, Md.

16 (a) Informant Clifton White

(b) Address Dames Quarter.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-12-39 (month) (day) (year)

(c) Cemetery or crematory Dames Quarter, Md

Location Somerset County

18 (a) Funeral director L. G. Webster

(b) Address Deals Island

19 (a) March 10, 1939 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death 3-10- 1939 at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3-9- 1939, to 3-10- 1939, and that I last saw him alive on 3-9 1939.

Immediate cause of death Lobar Pneumonia — Duration 1 wk

Due to Type 14

Due to

Other conditions Double purulent otitis (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. R. Wanner M. D. or other

Address Salisbury Date signed Mar 10

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03312

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (95-2)

County Wicomico — Registration Dist. No. 333

INSIDE CORPORATE LIMITS OF Village or City Salisbury — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. ... ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME William Adolphus Whitelock — If U. S. Veteran, specify WAR ...

(a) Residence: No. 224 Lake St., Ward ... (Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Mary N. Whitelock

6. DATE OF BIRTH (month, dey, end year): July 13, 1878

7. AGE Yeers	Months	Oeys	If LESS then 1 day, ... hrs. or ... min.
60	8	14	

OCCUPATION

8. Trade, profession, or perticuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.: Ship Carpenter

9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.: ...

10. Oate deceesed last worked at this occupation (month end yeer): 3 wks

11. Totel time (years) spent in this occupation: life

12. BIRTHPLACE (city or town) (State or country): Mt Vernon Md.

FATHER

13. NAME: Jr. H. W Whitelock

14. BIRTHPLACE (city or town) (State or country): Chance Md.

MOTHER

15. MAIDEN NAME: Lavinia Jackson

16. BIRTHPLACE (city or town) (State or country): Mt Vernon Md.

17. INFORMANT: Leonard W Whitelock (Address) Salisbury Md.

18. BURIAL, CREMATION, OR REMOVAL — Place: Mt Vernon — Oate: March 31, 1939

19. UNDERTAKER: Dale Doorshell (Address) Princess Anne Md.

20. FILED 3/30, 1939 — Harriet E. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 29th, 1939 (Month) (Oey) (Year)

22. I HEREBY CERTIFY, That I attended deceased from May, 1938, to March 29, 1939

I last saw h... liv... alive on March 26, 1939; death is said to heve occurred on the date steted above, at 5:00 p. m.

The PRINCIPAL CAUSE OF DEATH end related causes of importance were es follows:

	Date of onset
Hypertensive Cardio-vascular disease	many yrs ago.
with Auricullar fibrillation	11 Months
Other Contributory Causes of importence:	

Neme of operetion: None — Dete of: ...

Whet test confirmed diegnosis? Clinical — Wes there en autopsy? No.

23. If death wes due to externel ceuses (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ... Dete of Injury ..., 19...

Where did injury occur? ... (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of Injury ...

Neture of Injury ...

24. Was diseese or injury in any wey releted to occupetion of deceased? No.

If so, specify ...

(Signed) Andrews M. D.

(Address) Salisbury, Maryland.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. ...

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
APR 5 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

03313

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH 92a

County Wicomico Registration Dist. No.

Village or City Mardela Springs, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yr. 1 mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lillie Mary Wilkinson If U. S. Veteran, specify WAR

(a) Residence: No. Mardela Springs Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of William E. Wilkinson

6. DATE OF BIRTH (month, day, and year) Feb. 7, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own home

10. Date deceased last worked at this occupation (month and year) 1937

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State or country) Mardela Springs Md.

FATHER

13. NAME Wm Tilghman Seabrease

14. BIRTHPLACE (city or town) (State or country) Mardela Springs Md.

MOTHER

15. MAIDEN NAME Elizabeth Jackson

16. BIRTHPLACE (city or town) (State or country) Mardela Springs Md.

17. INFORMANT (Address) Doris E. Wilkinson Mardela Springs Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mardela Cem. Date 3/29/39

19. UNDERTAKER (Address) Mrs C. G. Messick & Sons Hebron Md.

20. FILED 3/28/39 19 W. H. Robertson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 26 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 19 35, to March 26, 1939

I last saw her alive on March 25, 1939; death is said to have occurred on the date stated above, at 9:15 P. m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Valvular Heart Disease	Childhood
Cerebral Hemorrhage	3/25/39

Other **Contributory Causes** of importance:

Hypertension

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Hiram R Mann M. D.

(Address) Salisbury Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED APR 8 1939 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

03314

(194-E)

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Wicomico
(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Peninsula General Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in this community (yrs., mos., or days) 35 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Wicomico
(c) City or town Salisbury (If outside city or town limits, write RURAL and give town)
(d) Street No. 108 Lehigh Ave. (If rural give location)
(e) If foreign born, how long in U. S. A.? ✓ years

3 (a) FULL NAME Van Lennep B. Williams

3 (b) If veteran, name war ✓

3 (c) Social Security No. 214-07-7059

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife Mary E. Williams

6. (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Nov. 2, 1888.

8. AGE: Years 50 Months 4 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace Berlin, Worcester Co. Md. (Town, county, and state)

10. Usual occupation Accountant

11. Industry or business Retail Department Store

FATHER
12. Name George L. Williams
13. Birthplace Maryland

MOTHER
14. Maiden Name Ruth A. Carey
15. Birthplace Maryland.

16 (a) Informant Mrs. Ruth A. Williams
(b) Address Salisbury, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/39 (month) (day) (year)
(c) Cemetery or crematory Parsons
Location Salisbury, Md.

18 (a) Funeral director The Hill & Johnson Co.
(b) Address Salisbury, Md.

19 (a) March 19, 1939 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death March 17 1939, at 3.05 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 6 1939, to Mar 17 1939; and that I last saw him alive on March 17 1939.

Immediate cause of death	Duration
Cellulitis rt hand & arm	39 days
Due to Laceration of rt middle finger	42 days
Due to	
Other conditions Diabetes Mellitus	Unknown

(Include pregnancy within 3 months of death)

Major findings:
Of operations Opening of hand & arm showed necrotic purulent tissue
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence Feb 3 - 1939
(c) Where did injury occur? Salisbury (City or town) Wic. (County) Md (State)
(d) Did injury occur about home, on farm, industrial place, in public place? home (Specify type of place) While at work? no
(e) Means of injury Laceration rt little finger

23. Signature Hunter R Mann M. D. or other
Address Salisbury Md Date signed 3/18/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 337

(53-E)

03315

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Bivalve (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Wicomico

(c) City or town Bivalve (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Margaret Ellen Willing

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. married

6 (b) Name of husband or wife George W. Willing

6. (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Jan 25 1878

8. AGE: Years 61 Months 2 Days 2 If less than one day hr. min.

9. Birthplace Bivalve Md (Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name McKendry Robertson

13. Birthplace Bivalve, Md

MOTHER 14. Maiden Name Hettie Wilson

15. Birthplace White Haven

16 (a) Informant M. P. Willing

(b) Address Bivalve Md

17 (a) (Burial, cremation, or removal) (b) Date thereof Mar 29 1939 (month) (day) (year)

(c) Cemetery or crematory Bivalve Mp. Cem.

Location

18 (a) Funeral director Mrs. L. Messick & Sons (per L. Messick)

(b) Address Bivalve Md

19 (a) 3/27/39 (Date rec'd by registrar) (b) R. Woolford Walter Registrar

MEDICAL CERTIFICATION

20. Date of death Mar 27 1939, at 1.20 p M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1938, to Mar 27 1939, and that I last saw him alive on 3-27 1939.

Immediate cause of death Metastatic Carcinoma lung

Due to Carcinoma of Sweat gland type

Due to axilla

Other conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S. Allen Field M. D. or other

Address Nanticoke Date signed 3/27

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

03316

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Worcester

(c) City or town Stockton (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Wise

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race Col.

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years Months Days Stillborn If less than one day hr. min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Elwood Wise

13. Birthplace Md.

MOTHER 14. Maiden Name Anita Collick

15. Birthplace Md.

16 (a) Informant Elwood Wise

(b) Address Stockton, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 13, 1939 (month) (day) (year)

(c) Cemetery or crematory Stockton

Location Stockton, Md. Wor.

18 (a) Funeral director Irvine Bennett

(b) Address Stockton, Md.

19 (a) March 13, 1939 (Date rec'd by registrar) (b) Harriet E. Johnson Local Registrar

MEDICAL CERTIFICATION

20. Date of death 3-12 1939, at 10:50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/12 1939, to 3/12 1939, and that I last saw him ~~alive~~ on 3/12 1939.

Immediate cause of death

Still-born infant

Due to Abruptio placentae

Due to

Other conditions Pregnancy (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: several hours

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Clara Fisher Mrs. M. D. or other

Address Salisbury, Md. Date signed 3/13/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 333

CERTIFICATE OF DEATH

(1220)

03317

WITHIN CORPORATE LIMITS

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

(a) County Wicomico

(b) City or town Salisbury Md

(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Peninsula General Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 mo 2 Days

(e) Length of stay in this community (yrs., mos., or days) 30 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Wicomico

(c) City or town Salisbury, Md

(If outside city or town limits, write RURAL and give town)

(d) Street No. 124 Delaware St.,

(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Gussie Wright

3 (b) If veteran, name war: no

3 (c) Social Security No.: no

4. Sex: female

5. Color or race: A.A.

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Norman Wright

6. (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.)

8. **AGE:** Years: 41 Months: 9 Days: 25 If less than one day: ____ hr. ____ min.

9. Birthplace Stockton md

(Town, county, and state)

10. Usual occupation ~~Housewife~~

11. Industry or business na

FATHER 12. Name Irving Hallowell

13. Birthplace Stockton md

MOTHER 14. Maiden Name Annie Powell

15. Birthplace Snow Hill md.

16 (a) Informant Norman Wright

(b) Address 124 Delaware St Salisbury Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 12 1939 (month) (day) (year)

(c) Cemetery or crematory Houston

Location Salisbury Md

18 (a) Funeral director James F. Stewart

(b) Address 402 E. Main St Salisbury Md

19 (a) March 12 1939 (Date rec'd by registrar) (b) Harriet E. Johnson Registrar

MEDICAL CERTIFICATION

20. Date of death March 7, 1939, at 10:15 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from 1-28 1939, to 3-7 1939, and that I last saw him alive on 3-7 1939.

Immediate cause of death	Duration
Uterine Fibroma	
Due to	
Due to	
Other conditions Intestinal obstruction	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Uterine fibroma Intestinal obstruction

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Elisha A. Insley M.D. or other

Address Salisbury, Md Date signed 3-11-39

RECEIVED
APR 5 1939
BUREAU V. S.